



SWIMMING POOL / SPA CONSTRUCTION
For Commercial, Institutional, or Residential Projects
City of Carmel; Department of Community Services

Forms Available in office

PERMIT #: _____

BUILDER OF RECORD:	NAME: _____	PHONE: _____	FAX: _____
	STREET ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
	BUILDER'S EMAIL ADDRESS: _____	BEST METHOD OF CONTACT: _____	
PROPERTY OWNER INFO:	NAME: _____	PHONE: _____	FAX: _____
	STREET ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
PROJECT LOCATION INFO:	ADDRESS OF CONSTRUCTION: _____		
	PROJECT NAME: (If applicable) _____		LOT # and SUBDIVISION NAME: (If applicable) _____

ESTIMATED COST OF CONSTRUCTION: _____		SQUARE FOOTAGE Including deck area: _____	RE TYPE, IF APPLICABLE: _____
SUMP PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES—INDICATE DRAINAGE ON SITE PLAN)	POOL COLOR: _____	IS ANY PART OF PROPERTY WITHIN SPECIAL FLOOD HAZARD AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE COMMERCIAL DESIGN RELEASE # IF APPLICABLE: _____	CLASS OF POOL IF COMMERCIAL: _____	SCOPE(S) OF RELEASE: _____	POOL COVER: <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTO FILTER: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEPTIC SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO	POOL HEATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF HEATED: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	SLIDE: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIVING BOARD: <input type="checkbox"/> YES <input type="checkbox"/> NO	

POOL BUILDERS WILL BE RESPONSIBLE FOR: Notification to pool owners that these inspections are to be made, and also will relate the various codes applicable. Pool builders shall coordinate with owners for the inspector's access to site on days inspections are scheduled. *Under the Carmel / Clay Zoning Ordinance, Chapter 29.0, Sec. 29.06.08: "Late Fees shall be assessed on missed inspections, including occupancy without a C/O".*

This permit is valid only if construction commences within 180 days of the date of issuance of this permit and must be completed, having the Certificate of Occupancy issued, within 18 months of the date of issuance. Class I Structure Permits are subject to the State of Indiana General Administrative Rules (GAR 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and the "Zoning Ordinance of Carmel Indiana – 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a Certificate of Occupancy has been issued by the Department of Community Services, Carmel, Indiana.

I also certify, under the penalties of Perjury (Indiana Code 35-44-2-1) that all of the information I have provided in this Application and other documentation is true and accurate to the best of my knowledge and belief, and that I have not knowingly or intentionally provided or omitted any information that would tend to hide, obscure, or otherwise mislead the Dept. of Community Services regarding the truth of the matters addressed.

Signature of Owner or Authorized Agent _____ Printed Name _____ Date _____

OFFICE USE ONLY: *****

INSPECTIONS REQUIRED:

_____ 1st BONDING / GROUNDING

_____ 2nd BONDING / GROUNDING

_____ FINAL- Bldg _____ FINAL- FORESTRY

_____ FINAL – Carmel Fire Department

PERMIT FEE (Flat Rate + Sq. Ft. fee): _____

INSPECTION FEES: _____

CERTIFICATE OF OCCUPANCY: _____

TOTAL: _____

Reviewed/Approved: Dept. of Community Services (Date) _____

Fee Received by: _____ Date _____